1.70  General Coronavirus Prevention Under

Stay Safe - Stay Healthy Order

Date: (May 21, 2021)

I. Purpose

This Directive provides enforcement policy when evaluating workplace implementation of social distancing, facial coverings and respiratory protection, sanitation and sick employee practices as required under the Governor’s Stay Home – Stay Healthy Order. On December 10, 2020, the Governor amended this order to “Stay Safe-Stay Healthy” (Proclamation 20-25.9).

Under the Order, people are required to stay home except where the Governor has authorized regional or industry specific permission to restart operations or operate essential businesses. Employers who continue operations under the Order are required to maintain coronavirus prevention practices consistent with DOSH, OSHA and Department of Health guidance. Coronavirus is recognized as a very serious workplace hazard.

II. Scope and Application

A. Under the WISH Act and existing DOSH rules, employers are required to protect workers from hazards and implement programs to address known hazards in the workplace.

B. DOSH staff will limit actions related to infectious disease only when there is an aspect of exposure that is specific to the relationship between employers and workers. DOSH will do so in a manner consistent with public health orders and issued guidance.

C. There are extensive recommendations for healthcare workplaces with specific guidance related to treatment of COVID-19 patients and the related infectious disease control measures. This Directive will not normally be used by DOSH staff in specific healthcare delivery work task settings for hospital and clinic workers who are delivering care directly with COVID-19 patients. All other hospital and clinic work, such as maintenance, food preparation and delivery, administrative support, and supplies, are covered by this Directive.

D. This Directive does cover workers providing healthcare services for people not known or suspected of having COVID-19. This work must follow procedures for Universal or Standard Precautions, or equivalent programs, as recommended by the CDC. This includes current recommendations to address COVID-19 as a community transmission hazard and potential for transmission by asymptomatic people in specific healthcare specialties.

E. DOSH has updated this Directive to be consistent with current CDC, Washington State DOH, and Washington State Governor’s guidance for persons fully vaccinated for COVID-19. Local Health Jurisdictions may have additional requirements related to COVID-19. This updated Directive addresses vaccination status verification in Section E and supersedes DD 1.70, dated December 22, 2020.
III. References

- Chapter 296-800 WAC, Safety and Health Core Rules
  - WAC 296-800-11005, Provide a workplace free from recognized hazards
  - WAC 296-800-140, Accident Prevention Program
  - WAC 296-800-22005, Keep your workplace clean
  - WAC 296-800-23025, Provide convenient and clean washing facilities
- Chapter 296-842 WAC, Respirators
- WAC 296-155-040, Safe Place Standards
- WAC 296-307-045, What are the requirements of the safe place standard?
- Governor's Proclamation "Healthy Washington – Roadmap to Recovery" Order, issued May 21, 2021
- Governor’s COVID-19 Reopening Guidance for Businesses and Workers
- CDC Guidance: Infection Control in Healthcare Personnel
- CDC Coronavirus (COVID-19) Page
- OSHA Publication 3990: Guidance on Preparing Workplaces for COVID-19.pdf (English)
- Washington State Department of Health Recommendations for Temporary Worker Housing Facilities
- COVID-19 Guidance for Legionella and Building Water System Closures
- COVID-19 Critical Infrastructure Sector Response Planning
- Secretary of Health Order 20-03.2, issued May 15, 2021

IV. Background

Staff shall learn and consider the baseline expectations for employers to provide workers a safe workplace during the coronavirus (COVID-19) virus outbreak. Overt workplace specific practices by the employer must be continued in accordance with the Governor's Executive Order.

There are four basic categories of prevention elements that must be addressed during the inspection/investigation. Employers must:

1. Educate workers about coronavirus and how to prevent transmission in the language they understand best;
2. Maintain social distancing (at least 6 feet of distance) or effective engineering/administrative controls;
3. Increased regular cleaning and sanitization of common-touch surfaces;
4. Ensure frequent and adequate employee handwashing and facilities; and
5. Make sure sick employees stay home (or are isolated) or go home and have procedures for workers to report a suspected or confirmed case of COVID-19.

Note: For employees that are fully vaccinated per CDC guidelines, there are exceptions to requirement (2) above. See sections A and E for details.

Employers must also provide basic workplace hazard education about coronavirus and how to prevent transmission in the language best understood by the employee. DOSH staff will need to be thoughtful on how these five elements are addressed based on the challenges that the specific worksite tasks present, but all four elements must be addressed in each operating workplace.

DOSH Staff shall ensure that employers and employees are made aware that it is against the law for any employer to take any adverse action (such as firing, demotion, or otherwise retaliate) against a worker they suspect for exercising safety and health rights such as raising safety and health concerns to their employer, participating in union activities concerning safety and health matters, filing a safety and health complaint or participating in a DOSH investigation. DOSH Staff will ensure workers are informed they have 30 days to file their complaint with L&I DOSH and/or with Federal OSHA. Additionally, per Chapter 252, Laws of 2021 (ESSB 5115), DOSH staff shall ensure that employers and employees are made aware that no employer may discharge, permanently replace, or in any manner discriminate against an employee who is at high risk of contracting COVID-19 seeking accommodation that protects them from COVID-19 exposure.

Employers must institute these prevention program elements or equivalent protections to limit the spread of the disease within the workplace under DOSH rules and in connection to the Governor’s Order. These procedures are specific to COVID-19 prevention and the related virus. If a workplace has a concern about exposures to another pathogen, Technical Services must be consulted on procedures specific to that pathogen.

A. Basic Program Elements.

The following bold program elements are essential to the program whenever applicable. Employers who can establish work rules consistent with this section are not required to have further active monitoring or ongoing assessment of their workplace unless required by a separate requirement. (See applicable Safe Start guidelines and Chapter 296-307 WAC, Part L, Temporary Worker Housing (TWH).)

1. Educate workers (and customers) about COVID-19 and how to prevent virus spread.
   a. Post posters/information from the local health department, state Department of Health, Center for Disease Control and Prevention, and other authorities.
   b. Inform workers about the steps being taken in the workplace to establish social distancing, increased handwashing, and to prevent the spread of the virus.
   c. Make information for workers available in the language they understand best.

2. Maintain at least 6 feet of spacing at all times.
   a. 6 feet of physical distancing, physical barriers, or other controls must be maintained between all workers who are not fully vaccinated or have not verified their vaccination status. Fully vaccinated workers do not need to
maintain physical distancing except if working in the following business categories:

i. Healthcare (including long-term care, doctor’s offices, hospitals)
ii. Public transportation (aircraft, train, road vehicles)
iii. K-12 Schools, childcare facilities, and day camps in locations where students are present
iv. Correctional facilities
v. Homeless shelters

b. Employers must continue to ensure 6 feet of physical distancing, physical barriers, or other controls are maintained between workers who are not fully vaccinated or have not verified their vaccination status and members of the public.

c. Employers should check with the local public health jurisdiction for additional physical distancing requirements prior to reducing them in the workplace.

d. In accordance with DOSH Directive 11.80, Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic, only infrequent intermittent passing within 6 feet is allowed between workers without wearing coverings, masks, or respiratory protection unless workers are fully vaccinated and are not working in one of the business categories listed above.

e. Provide personal protective equipment (PPE) such as gloves, goggles, face shields and face masks as appropriate or required, to employees for the activity being performed.

f. Materials, product, or work items are transported between workers by mechanical means or by using staging points.

- Workers may be along a conveyor or production system carrying product.
- Workers may go to a central point one-at-a-time to drop off or pick up items that transfer between workers.
- Workers may have mailboxes, bins, or other surfaces at the periphery of their workspace where materials are left for them by other workers.
- Provisions must be made to clean objects handled by more than one worker when the items are transferred. Physically wiping the object with a disinfectant wipe or soap and water so it is visibly clean (no obvious soiling, smearing, or streaks) is sufficient.
- Social distancing must be maintained during breaks and at shift start and end, while workers are at the employer’s worksite.
- Meetings with workers are limited by the maximum occupancy specified by the Safe Start guidelines for the business and phase the county is currently in, and are to maintain 6 foot spacing of all in attendance. If there are no Safe Start guidelines applicable to an establishment, the limits are: 10% occupancy for Phase 1; 30% occupancy for Phase 2; 50% occupancy for Phase 3; and limited by social distancing for Phase 4.

3. **Regular cleaning of area, frequent cleaning of common-touch surfaces.**
a. A cleaning schedule must be kept to maintain general housekeeping to prevent buildup of dirt and clutter.

b. The first step in cleaning is to remove buildups of dirt and other materials on surfaces. Water and soap or other cleaning fluids are used with wipes, clothes, brushes or other physical means of removing these materials so that there is no visible build-up, smears, or streaks on the surface. Disinfecting is the second step and is primarily needed for high touch surfaces. Effective diluted bleach solutions or an EPA approved disinfectant **must be used** to make sure this is effective. (See the list of approved disinfectants at [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)).

Surfaces that are commonly touched with the hands but difficult to clean (fabric, rough surfaces, and so forth) may need to be covered to make sure the environment is hygienic.

c. Cleaning supplies need to be available to workers to do spot cleaning when necessary.

d. Surfaces that are regularly touched by workers must be cleaned regularly to maintain a visibly clean state (no obvious soiling, smearing, or streaks).
   
   - For surfaces touched by multiple workers, this can be on a frequent schedule, or between workers.
   
   - For surfaces touched by a single worker, this needs to be done periodically, at least once per shift or when unclean, as a minimum.

4. **Workers must have facilities for frequent handwashing readily available**, including hot and cold (or tepid) running water and soap.

   a. DOSH staff must pay particular attention to transient outdoor work, delivery workers and non-fixed worksites where there are no exceptions being granted. Portable wash stations are readily available.

   b. To facilitate more frequent cleaning, secondary handwashing or sanitizing stations can be provided with either hand sanitizer, or wipes/towelettes.

   c. Gloves may be used to enhance hand hygiene and reduce spread of the COVID-19 virus, but must also be changed or cleaned frequently to be effective for this purpose. (Bare hand contact with the virus is not the concern. The concern is transferring the virus to the face or other surfaces with the hands. Gloved hands will transfer the virus as effectively as bare hands.)

   d. Workers must be able to wash their hands after touching any surface/tool suspected of being contaminated, before and after eating and using the restroom, and before touching their face.

5. **Sick employee and post-employee illness procedures**.

   DOSH staff will ensure employers have a program to prevent sick employees from entering the workplace and when recognized, that ill employees are sent home.

   a. Ensure a system for preventing sick employees to be present at work.
b. Establish a process for deep cleaning after any worker leaves the workplace reporting a suspected or confirmed case of COVID-19.

c. Thoroughly clean areas where the worker worked or would have stayed more than 10 minutes.
   - Wipe all accessible surfaces.
   - Clean up any visible soiling including any smears or streaks.
   - Sanitize common touch surfaces in the vicinity.

d. Do not allow other workers into these areas until the cleaning is complete.

6. **Reopening closed facilities.**

   a. The COVID-19 virus is not persistent, so cleaning is only recommended prior to re-occupancy if there were confirmed cases at the time of closure, or if occasional visits by people were made without provisions for cleaning. Enhanced cleaning per this Directive must commence at the time of re-occupancy.

   b. Additional information on procedures for opening buildings can be found in the Department of Health and BOMA guidelines in the reference section.

B. **Consider Possible Alternate Strategies.**

   Some industries may have challenges with basic elements, so one or more of the following alternatives may be used to provide protection for workers.

   1. Engineering controls can be established and maintained to provide an effective distancing of employees when it is not feasible to fully separate them.
      
      a. Barriers must block direct pathways from face to face between individuals, and make it so any indirect air pathways are greater than 6 feet. Sneezes and coughs should not be directed into the air above someone within 6 feet.

      b. Covers can be used on common touch surfaces that cannot be easily cleaned. The covers may create a cleanable surface, or be something that can be changed out between individuals.

      c. Ventilation that provides a cleaned air supply to a worker’s breathing zone.

   2. Job modifications may be necessary to facilitate appropriate social distancing. Although an operation may be overall part of an essential industry or service, there may be portions of the work which can be deferred until a later time. In some cases, reorganizing the work may be necessary to break up tasks in a manner that facilitates social distancing or other protective measures.

   3. Health surveillance can be done to identify early signs of infection, and separate workers who may present a risk to others.
      
      a. There will usually be an initial screening and then periodic review (probably daily with COVID-19).

      b. Initial screening will involve some review of the worker’s history that may be relevant to their risk of contracting the disease. This may also include review of the worker’s susceptibility to the disease and an education element on the disease and prevention.
c. Periodic screening will involve tracking symptoms and ongoing risks for contracting the disease.

d. The employer should set up surveillance in consultation with a physician or occupational health nurse and consider having ongoing participation or review by the healthcare professional.

e. The employer needs to consult with health professionals and determine whether the program relies on self-reporting by workers or if someone will be actively reviewing worker health on a regular basis.

4. Personal protective equipment is helpful to prevent transmission of the disease.

5. Face shields can prevent direct exposure to expelled droplets and provide protection from disinfectants, in addition to coverings, masks and respirators.

6. Respirators require care in use and management under a program covered by the Respirator rule, Chapter 296-842 WAC. Respirators are not to be used in lieu of social distancing, but may be appropriate where workers must have close proximity to others for extended periods to accomplish work tasks that can be done no other way.

7. Surgical face masks (loose fitting cloth covers over the mouth and nose) do not prevent respiration of fine aerosols and are not protective in close proximity. The primary purpose for these devices are to prevent exposures to others and may have a use when individuals enter the workplace with a cough or sneeze.

C. Evaluate Special Circumstances.

There are situations where strict social distancing may not be generally feasible for employer provided housing and businesses with extensive public interaction. There are also exceptional situations where an essential activity worker may be permitted to continue work following potential exposure to COVID-19, to ensure continuity of operations of essential functions, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety. The following sections provide additional considerations which are applicable in these specific situations.

1. **Employer provided worker housing** is provided by the employer in some circumstances such as agricultural workers, firefighters, and remote work areas. (An emergency rule for temporary worker housing in agriculture has been adopted in WAC 296-307-16102.)

   a. Workers may have limited control over their environment in some worker housing situations and to the extent that the employer controls conditions, the basic program elements should be maintained as feasible during non-working time.

   b. Social distancing **must be supported** for occupants during the time workers are housed, which may require additional resources. This includes accommodation of social distancing during cooking, sleeping, and in transportation.

   c. If strict social distancing is not feasible (including options for dedicated individual or family rooms or offsite accommodations) then health surveillance should be instituted (see above) prior to and during the housing period.

   d. Housing occupants **must be provided** cleaners and equipment to maintain a hygienic living space.
e. **Plans for ill employees must be in place.** If a housing occupant becomes sick:

- **Employers must provide them with accommodations that are separate from others.**
  - A separate building or room if available, or use barriers or distance to separate them from others.
  - Separate food and bathroom access is also necessary.

- **Arrangement for medical access.**
  - Telemedicine resources should be utilized first to determine appropriate care.
  - **Provide for transportation,** if necessary in a manner that does not expose others.
  - The employer needs to consult with a physician or public health authority to monitor the situation and provide guidance on treatment and continued housing of all workers.

2. **Frequent customer/public interaction** may be necessary in some places of employment.
   a. To the extent feasible, establish social distancing with physical systems.
      - Set up tables that position people away from workers.
      - Place pay stations at a safe distance.
      - Install barriers between people.
      - Place markers and lane dividers to encourage appropriate distancing.
   b. Have managers or floor leads observing individuals in the workplace and prepared to address behaviors that may put workers at risk.
   c. Provide supplemental washing facilities to allow additional handwashing when workers handle objects after others, such as:
      - Hand sanitizer stations
      - Wipes or towelettes
      - Tepid water and soap in portable containers.

*NOTE: Gloves may be provided, but also must be washed regularly to prevent the spread of the virus. This may help for workers whose hands are bothered by frequent washing.*

3. **Quarantine and isolation.** The requirements for people to quarantine or isolate are set by local health jurisdictions and apply to the individual. DOSH does not enforce these orders for individuals, but does expect employers to set rules to prevent people with known or potential COVID-19 virus infection, from entering the workplace. (Note that healthcare facilities may follow the CDC guidance specific to these settings—[Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html))

**Definitions**

- **Quarantine** refers to sequestering after contact with a suspected or known COVID-19 case. The safest quarantine period ends 14 days after the last close contact with someone who has COVID-19. Most fully vaccinated individuals do not need to...
quarantine unless they are symptomatic for COVID-19, work in correctional facilities or homeless shelters, or are required to quarantine by their Local Health Jurisdiction.

- **Isolation** refers to sequestering when the individual is believed to be infected with SARS-CoV-2 (the virus that causes COVID-19) such as when someone has symptoms of COVID-19, or when someone tests positive for infection with SARS-CoV-2.

CDC guidance on quarantine and isolation, including specifics of contact requiring quarantine and ending the quarantine or isolation are given here: [https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)

**Essential activities workers with potential exposure to a suspected or confirmed COVID-19 case, coming to common workplaces.**

These workers may have an infection, but not be symptomatic. There is a risk that they could spread the infection to other workers

a. No worker who should be in isolation may be allowed into a common workplace with other workers.

b. People who have been in close contact with someone else with COVID-19 must not be allowed into the common workplace with other workers within 14 days of their last contact, except under the following circumstances.

- When allowed by the local health jurisdiction, quarantine may be reduced to:
  - 10 days, or
  - No less than 7 days if the quarantined individual has a negative test result taken no more than 48 hours before ending quarantine.

- When a worker is vital for continuation of a critical infrastructure operation. **This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.** Employers must determine whether it is appropriate for the worker to come to the workplace. Other alternatives, such as teleworking or reassigning duties should be considered. If the worker returns to the workplace during quarantine, there is a potential for exposing other workers in the critical operation. When no alternatives exist, employers must work with public health officials to manage the continuation of the work in a way that best protects the health of their workers and the general public, including the determination of quarantine options.

c. Employers of workers who have had contact but come to the workplace within 14 days of exposure must adhere to the following practices prior to and during each work shift:

- **Pre-Screen:** Determine the employee’s temperature and assess symptoms prior to their starting work. Workers should be asked to pre-screen at home before travelling to work (including measuring temperature), and should not be permitted to enter the workplace if they have symptoms of COVID-19; temperature equal to or higher than 100.4 degrees Fahrenheit; or are waiting for the results of a viral test ordered because they are symptomatic or had close
contact to a person known or suspected to have COVID-19 symptoms. Temperature checks must happen before the individual enters the facility.

- **Screen at the workplace:** Employers should conduct an on-site symptom assessment, including temperature screening, prior to each work shift. Screening should happen before the employee enters the facility.

- **Regular Monitoring:** As long as the employee doesn’t have a temperature or symptoms, they should self-monitor. The employer’s occupational health program or workplace COVID-19 coordinator or team must supervise self-monitoring. **Employers must consult with an occupational health provider and state and/or local health officials to ensure the medical monitoring is conducted appropriately.**

- **Wear a Mask:** The worker must wear a face mask while in the workplace unless there is a medical reason prohibiting its use. Employers can issue facemasks or can approve worker supplied cloth face coverings in the event of shortages. If required, respirators must still be used according to the requirements of Chapter 296-842 WAC.

- **Social Distance:** The worker must maintain 6 foot separation and practice social distancing as work duties permit in the workplace. Where duties do not permit social distancing, the employer must institute other controls as practicable to protect other workers. Barriers or fans may be effective in many circumstances.

- **Disinfect and Clean Work Spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, and shared electronic equipment routinely.

d. If the worker becomes sick during the shift, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms, and 2 days prior to symptoms, should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

e. Employers considering allowing potentially exposed workers to remain at the workplace during quarantine should consider the following preparatory actions. (For further information consult the CDC guideline document COVID-19 Critical Infrastructure Sector Response Planning)

- Workers must not share headsets or other objects that are near the mouth or nose.
- Employers must increase the frequency of cleaning commonly touched surfaces.
- Employers should work with facility maintenance staff to increase air exchanges in room.
- Workers must physically distance themselves when they take breaks together. Stagger breaks and don’t congregate in the break room, and don’t share food or utensils.

4. **Working with people in non-healthcare (human) settings who have suspect or confirmed COVID-19.** Generally, this situation should be avoided, using remote services or delaying work until the COVID-19 case is resolved. However, some cases such as emergency repairs in the residence of the patient, emergency pet veterinary services, or
delivery of essential goods to the residence may require workers to be in the presence of an ill individual.

a. Workers must be informed of the individual’s health status.

b. When practicable, the ill individual must wear a medical procedure mask.

c. Workers must be provided and required to wear a respirator. A half-face elastomeric respirator with N-95 cartridges, or other respirator with the same or higher protection must be used. Fit-testing and other respirator program elements must be complied with. See chapter 296-842 WAC, Respirators.

d. Other personal protective equipment such as gloves, aprons, gowns, and head coverings should be considered to prevent contamination of the worker’s body or street clothes. Handwashing and other hygiene resources must be available to the worker as needed during the work and at the conclusion.

D. Evaluation of respiratory protection for COVID-19 protection in healthcare when not treating suspect or known COVID-19 patients.

Healthcare facilities must follow social distancing guidelines including general provisions and any specific requirements set by the Governor. It is expected that all healthcare practitioners will follow Universal or Standard Precautions, or equivalent protocols to address infection control for all infectious diseases. The following specific requirements may be evaluated by DOSH staff when considering COVID-19 hazards:

1. Patient rules and masking.
   a. Evaluate patients at the time appointments are made and when arriving for signs and symptoms of COVID-19. If a patient is determined to have suspected or confirmed COVID-19, they should be asked to postpone medical treatment when appropriate and referred to healthcare providers for evaluation and treatment of their COVID-19.

   b. Patients and visitors to the medical facility must be required to wear cloth face coverings or other appropriate masks in the facility as practicable. Exceptions may be allowed for patients with conditions that may be aggravated by mask use or patients who have difficulty remaining masked due to mental acuity or youth.

   c. Masks may be removed briefly to facilitate specific examination elements for which they interfere. The procedures for the exam must minimize the period without the mask and time the medical workers must be in close proximity of the patient without a mask. In particular, face-to-face positioning of the patient and medical worker must be limited as practicable.

2. Worker masking and respiratory protection.
   a. Workers must wear, at minimum, cloth face coverings or procedure masks whenever working with others.

   b. Workers within 3 feet of a patient or equipment during an aerosol generating procedure must wear a fit-tested N95 filtering facepiece respirator or more protective respirator. (Particulate filters with any N, R, or P and 95, 99, or 100 rating are protective against the COVID-19 virus.) Examples of aerosol generating procedures include:
      - Dental work with an ultrasonic scaler, air/water syringe, or hand piece
- Administering medicines with a nebulizer
- Spirometry
- Deep or forced breathing exercises

c. Employers must evaluate other procedures workers conduct involving close proximity to the patient breathing zone. Where workers have limited time of exposure (less than half hour per day), and patients are effectively masked during the procedures, and room conditions include effective ventilation and hygiene, then respirators may not be required. A surgical mask must be used when a respirator is not required. Examples of procedures that must be evaluated include:
  - Tonometry during eye exams
  - Visual examination of the oral and nasal cavities
  - Visual examination of the eyes
  - Swab sampling in the mouth or nose

3. **Evaluation of PPE other than respirators.**

   a. Other personal protective equipment, such as gloves, gowns, face shields, and head covers, generally will be determined based on general clinical guidelines.

   b. When there is a procedure which could predictably result in coughing or sneezing by the patient which could directly expose the worker, DOSH staff will review PPE to ensure it covers the workers body and street clothes and prevent soaking through. Scrubs may be worn as PPE if the employer allows workers to change out at the end of shift and launder the clothing.

   c. Medical establishments may be required to meet health department or FDA standards for PPE. Compliance with these standards is not addressed by DOSH staff.

**E. Vaccination Status Verification**

Workers who are vaccinated against COVID-19 by a two-dose mRNA vaccine (such as Moderna and Pfizer), or a single dose vaccine (such as Johnson & Johnson), are considered “fully vaccinated” two weeks after the final dose of vaccine (the second dose for a two-dose regimen, or the single dose for a single-dose regimen). Workers who have been vaccinated outside the United States with a vaccine that has received World Health Organization (WHO) Emergency Use Listing (EUL) are considered fully vaccinated if:

- The worker has completed the full vaccination series
- The appropriate amount of time has passed according to the manufacturer’s guidance for the worker to be fully protected

Workers who have not received an FDA-authorized or WHO-listed COVID-19 vaccine must not be considered fully vaccinated.

1. The employer is not required to verify vaccination status if masking and physical distancing are to be maintained; employers have the choice to maintain masking and physical distancing in their workplaces.

2. If a worker declines to provide verification of their vaccination status, they are not considered fully vaccinated.
3. The employer must have a demonstrable process to verify vaccination status, but is not required to keep a copy of employee vaccination records which may require secure and confidential handling as a medical record. The employer must establish a way of demonstrating they have verified vaccination status for unmasked workers. Examples may include:
   a. Creating a log of the names of workers who have been verified as fully vaccinated and the date that the verification was done, OR
   b. Checking vaccination status each day as workers enter a jobsite, OR
   c. Marking a worker’s badge, site credential, or other individually identified item to indicate the worker’s status as fully vaccinated, OR
   d. Documented worker attestations of vaccination, OR
   e. Other methods that demonstrate an employer has verified a worker has been fully vaccinated

4. Acceptable verification of vaccination status is:
   a. A CDC vaccination card (which includes name of person vaccinated, type of vaccine provided, and date last dose administered), OR
   b. A photo of a CDC vaccination card as a separate document or a photo of the attendee's vaccine card stored on a phone or electronic device, OR
   c. Documentation of vaccination from a health care provider or state immunization information system record, OR
   d. A hard copy or electronically signed self-attestation from the employee

5. The employer must provide evidence of their process to verify employee vaccination status to the department upon request.

V. Enforcement Policy

Inspection findings will be reviewed on a case by case basis. Conditions related to COVID-19 and the virus are still emerging. Public health recommendations and orders are being regularly revised, and so any compliance action must take into consideration current understanding of the situation and current rules and guides. The following sections identify codes from chapter 296-800 WAC (Core Rules). When working in chapters 296-155 WAC (Construction) and 296-307 WAC (Agriculture), please use the comparable codes from those vertical standards.

A. Accident Prevention Programs.

1. Employers are not expected to have comprehensive COVID-19 prevention programs at this point. In conducting program reviews, DOSH staff must look at all documents used by the employer to communicate with workers to determine their overall program.

2. Where the employer is clearly implementing recommendations of the public health authorities, they do not need additional documentation of their program, except for program documentation specified in public health orders or the Governor’s “Safe Start” phased guidelines for industries or general requirements. Any variation from strict social distancing, the Governor’s programs, or health department guidelines must be clearly communicated in a written program. (Note that participating in early phases of the restart may be dependent on strictly following the industry specific requirements and guidance. Activities that cannot do so, must wait for a later phase to resume.)
3. Violations of the sections of WAC 296-800-140, Accident Prevention Program, should be considered where the employer does not communicate workplace specific expectations to workers or is not effective in implementing those expectations.

4. Serious violations should specifically be considered in cases where the employer adopts practices or policies that clearly contradict the goals of coronavirus prevention practices published by DOSH, OSHA or public health recommendations.

5. Accident prevention program violations must follow instructions in the Compliance Manual.

B. Housekeeping.

Where a workplace is not being cleaned and kept sanitary per public health guidance, a violation of WAC 296-800-22005, Keep your workplace clean, may be considered. A serious classification should be strongly considered.

C. Handwashing.

1. There is a requirement for handwashing facilities that applies to all workplaces at all times. A serious and potential willful violation of WAC 296-800-23025, Provide convenient and clean washing facilities, will be considered whenever workers do not have basic handwashing facilities available at all, or they are grossly inadequate in either number or maintenance.

2. Where employers cannot provide unlimited access to full handwashing facilities at all times, they must provide alternate means for frequent hand cleaning. A serious classification should be strongly considered if not adequate to achieve prevention. This is specifically necessary where workers regularly handle or touch objects or surfaces touched by others. Alternate hand cleaning may include:
   a. Portable wash stations with tepid water and soap.
   b. Wipes or towelettes with water and soap.
   c. Hand sanitizer stations.

D. Safe Place Violations.

1. Workplace conditions which have a direct potential for worker exposure to the COVID-19 virus may be cited under WAC 296-800-11005, Provide a workplace free from recognized hazards. This is the primary code to use for social distancing practice violations. This may include situations such as ineffective barrier or ventilation systems, or specifically allowing workers to be in close proximity, but where there is no written record of a policy or management decision. Masking violations requiring devices not normally considered respirators may be cited under this section (cloth face coverings or medical procedure masks). Violations of employee vaccination status verification may be cited under this section.

2. Violations of this section are safe place violations in that they must be serious in classification and must follow the Compliance Manual instructions for safe place.

3. For construction inspections, use WAC 296-155-040 (1). For agriculture inspections, use WAC 296 307-045 (1).

E. Respirator Violations.

Violations involving proper use of respirators, including N95 filtering facepieces, PAPRs, and elastomeric facepiece respirators will normally be cited from chapter 296-842 WAC, Respirators. When these devices are used in place of a cloth face covering or medical
procedure mask due to social distancing rules from public health authorities or the
governor, the use will be considered voluntary use for compliance purposes. Protection
from contaminated aerosols is required use.

F. Temporary Farmworker Housing.
Temporary worker housing in agriculture is covered under Chapter 296-307 WAC, Part L,
Temporary Worker Housing and Cherry Harvest Camps. This rule has specific
requirements for hygiene facilities and housekeeping. Employers must in general achieve
adequate social distancing; frequent handwashing during work; sanitation practices during
work; sufficient disinfection supplies in housing; and sick employee practices outlined
above. Consult with Technical Services and Compliance Operations on application of
these rules when there is a COVID-19 concern.

G. Local Health Jurisdiction orders and employer policies.
County and city health officers have authority to issue orders related to public health
emergencies which may be more restrictive than the requirements in this directive.
Employers may also adopt or maintain stricter policies. DOSH staff will not enforce these
orders or policies.

VI. Point of Contact
DOSH staff should contact Compliance Operations if there are questions about applicability
of WISHA rules to an infectious disease in the workplace. Technical Services may be
contacted with technical questions about workplace practices.

VII. Review and Expiration
DOSH will review this Directive, and it will remain effective until superseded or canceled.

Approved:  
Craig Blackwood, L&I Acting Assistant Director
Division of Occupational Safety and Health